



MEMBERSHIP APPLICATION FORM  
ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION  
1410 King Street, Alexandria, VA 22314  
www.acteonline.org

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800 826-9972  
Fax 703 683-7424  
TDD 703-683-1409

\_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Dr. Is this a change of Address? \_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Fax (see Opt IN Option on right) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Last 4 Digits \_\_\_\_\_ Date of Birth\*\* \_\_\_\_\_  
Security Number\*\* \_\_\_\_\_

E-mail \_\_\_\_\_

Recruiting member's name \_\_\_\_\_ ID \_\_\_\_\_

\_\_\_ **Opt OUT of Mail List\***  
\_\_\_ **Opt IN to Receive Faxes from ACTE**

\* From time to time ACTE makes its list available to organizations that offer products and services valuable to career and technical educators. At no time will ACTE provide your email address to a third party. Email addresses are for ACTE use in communicating with members. If you wish to exclude your name from these lists mark the box above.

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

**Position Type (Check One)**

\_\_\_ Administrator/Supervisor (A) \_\_\_ Counselor (K)  
\_\_\_ Teacher Supervisor (E) \_\_\_ Teacher Educator (X)  
\_\_\_ Teacher (T) \_\_\_ Other (O)  
\_\_\_ Student (S) \_\_\_ Retired (R)

**Institution Type (Check One)**

\_\_\_ Junior High/Middle School (H)  
\_\_\_ Comprehensive High School (S)  
\_\_\_ Secondary Career/Technical School (V)  
\_\_\_ Two Year Postsecondary Institution (J)  
\_\_\_ Four Year College or University (C)  
\_\_\_ Federal, State, Local Education Agency (D)  
\_\_\_ Other (F)

**ACTE Membership Categories** (Choose One Below - State dues information see reverse - Call for state Student and Retired Dues)

\_\_\_ Regular \$60.00 \_\_\_ Student \$10.00 \_\_\_ Retired \$31.00 \_\_\_ International \$100.00

**ACTE Division Membership**

Your ACTE membership includes **free membership in one division**. Check your primary division. Additional divisions may be added for \$10 each. Mark Additional divisions with A.

\_\_\_ Administration (ADM)  
\_\_\_ Adult Workforce Development (AWD)  
\_\_\_ Agricultural Education (AGR)  
\_\_\_ Business Education (BUS)  
\_\_\_ Family and Consumer Sciences Education (FAM)  
\_\_\_ Guidance (GUI)  
\_\_\_ Health Occupations Education (HEA)  
\_\_\_ Marketing Education (MAR)  
\_\_\_ New & Related Services (NRS) (see next column)  
\_\_\_ Special Needs (SPE)  
\_\_\_ Technology Education (TGY)  
\_\_\_ Trade and Industrial Education (TRA)

**New & Related Services Division Sections** (choose one below)

\_\_\_ CBITS (L) \_\_\_ Support Staff (J)  
\_\_\_ Cooperative Work Experience (B) \_\_\_ Tech Prep (M)  
\_\_\_ Instructional Materials (C)  
\_\_\_ International (I)  
\_\_\_ Makers of Policy (H)  
\_\_\_ Professional Development (D)  
\_\_\_ Public Information (E)  
\_\_\_ Related Subjects (F)  
\_\_\_ Research (G)  
\_\_\_ School-to-Work/Careers (N)

**DUES SUMMARY**

Enter amount for each applicable category.

ACTE Dues \_\_\_\_\_ 60.00  
Additional ACTE  
Division (\$10 each) \_\_\_\_\_  
ACTE Advocacy Efforts \_\_\_\_\_ 10.00 (opt)  
(Voluntary Contribution)  
Public Image Campaign \_\_\_\_\_ 10.00 (opt)  
(Voluntary Contribution)  
ACTEN Dues \_\_\_\_\_ 30.00  
State Division Dues \_\_\_\_\_  
**Total Dues** \_\_\_\_\_

**PAYMENT INFORMATION**

\_\_\_ Check Enclosed Check Date \_\_\_\_\_ Check Amount \_\_\_\_\_

Credit Card:

\_\_\_ American Express \_\_\_ Discover \_\_\_ MasterCard \_\_\_ Visa

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

\$33.00 of your membership fee covers your subscription to *Techniques*. Student and retired members receive a complimentary copy of *Techniques*.

\*\* You are not obligated to provide this information; however, ACTE uses this information internally to serve as a unique identifier for members. At no time would ACTE make this information available to a third party.

Please note that ACTE is no longer offering a comprehensive liability membership in 2004. You may contact Forest T. Jones directly to obtain information about Professional Liability Insurance for Educators at 1-800-821-7303 or visit their website at <http://www.ftj.com> if you prefer to shop on-line.

To receive credit from ACTEN for sponsoring a new member, the application form & dues payment (payable to ACTEN) must be sent to: ACTE of Nebraska (ACTEN), P.O. Box 22607, Lincoln, NE 68542-2607. ACTEN will forward the application & ACTE dues to ACTE.